



**Town of Lexington**  
**Land Use, Health and Development Department**  
**Office of Public Health**  
**1625 Massachusetts Avenue**  
**Lexington, MA 02420**  
(781)-698-4533  
Fax (781)-861-2780

Permit Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Gerard F. Cody, R.E.H.S./R.S.  
*Health Director x 84503*

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS  
*Environmental Health Agent x 84507*

David Neylon, B, S.N., R.N.  
*Public Health Nurse x 84509*

**Board of Health**

Wendy Heiger-Bernays, PhD, Chair  
Sharon Mackenzie, R.N., CCM  
Burt M. Perlmutter, M.D.  
David S. Geller, M.D.  
John J. Flynn, J.D.

**Swimming Pool Permit Application**

**Permit Number:** \_\_\_\_\_

**Permit Expiration Date:** \_\_\_\_\_

**Fees: \$170.00 – Pool**

**\$50.00 – Wading**

**\$125.00 – Special Purpose**

**Please provide and/or verify the following information:**

Name of Pool: \_\_\_\_\_

Address of Pool: \_\_\_\_\_

Tel # at Pool: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Home Address of Contact Person: \_\_\_\_\_

Contact Home Tel #: \_\_\_\_\_ Contact 24 hr Emergency Tel #: \_\_\_\_\_

E-mail Address of Main Contact Person: \_\_\_\_\_

Alternate Contact Person Name (must have an alternate): \_\_\_\_\_

Home Address of Alternate Contact Person: \_\_\_\_\_

Alternate Contact Home Tel #: \_\_\_\_\_ Alternate Contact 24 hr Emergency Tel #: \_\_\_\_\_

E-mail Address of Alternate Contact Person: \_\_\_\_\_

Type of Pool (Check only one):

Public: \_\_\_\_\_ Semi-Public: \_\_\_\_\_ Wading: \_\_\_\_\_ Special Purpose: \_\_\_\_\_

Volume of Pool: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_

Non-swimming Area: \_\_\_\_\_ Swimming Area: \_\_\_\_\_

Diving Area: \_\_\_\_\_ Bather Load: \_\_\_\_\_

Filter Effluent Flow Meter Setting: \_\_\_\_\_ # of Turnovers per 24 Hours: \_\_\_\_\_

Skimmer Type: \_\_\_\_\_ Method of Water Treatment: \_\_\_\_\_

# of Lifeguards: \_\_\_\_\_

Variance for no lifeguards requested of Board of Health (Yes or No): \_\_\_\_\_

Days and Hours of Pool Operation: \_\_\_\_\_

Days and Hours of Pool Operation without lifeguards: \_\_\_\_\_

Name of Certified Pool Operator (CPO): \_\_\_\_\_

CPO Home or if applicable Pool Company Address: \_\_\_\_\_

Tel # of CPO: \_\_\_\_\_ 24 hr Emergency Tel # of CPO: \_\_\_\_\_

*(Please provide documentation of CPO certification and lifeguard training)*

Signature of Applicant: \_\_\_\_\_

I understand that by signing this I am attesting to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with 105 CMR 435.000 and all other applicable law.

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_

**For Board of Health Use Only:**

**Date Application Received:** \_\_\_\_\_ **Current Permit Expires:** \_\_\_\_\_

**No Lifeguard Variance Granted (Yes or No):** \_\_\_\_\_

**Date of Board of Health Meeting:** \_\_\_\_\_